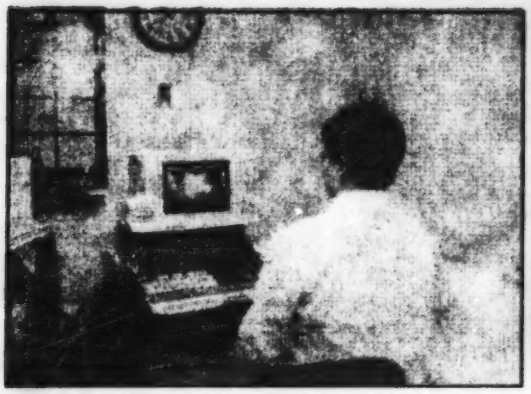
2000/2001 Annual Report



Marquette Regional Health Authority

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Report from the Board Chairman and the Chief Executive Officer

On behalf of the Board of Directors and staff, it is our pleasure to present the Marquette Regional Health Authority Annual Report for the period April 1, 2000 to March 31, 2001.

This year we have included brief biographies of each Board member to increase public awareness of the individuals involved. The Board membership is made up of a diversified mix of backgrounds and interests from across the Region. The common link between all members is their dedication and commitment to ensuring the availability of quality health care in the Marquette Region.

The past year has brought a combination of challenges and accomplishments for the Board. An ongoing issue continues to be inadequate funding to provide the services the residents of the Region have come to expect of their healthcare system. In referring to the Audited Financial Statements included within this report, you will note the year-end deficit of $2,254,075.00 for health operations has been recorded as an accounts receiveable due from Manitoba Health. The Board continues to lobby government in an effort to obtain increased funding to address previous shortfalls and to enable the Region to implement new initiatives to enhance and expand on existing programs and services.

In an ongoing effort to determine appropriate utilization of all acute care facilities, the Board approved an in-depth review to be undertaken throughout the Region. Results of this review, with many other pieces of information, will provide the Board with a foundation for future planning.

The Board also identified the need to implement a Regional interfacility transfer program and recruitment of full time paramedics, in an effort to address Emergency Medical Services staffing problems that have increased over the years. This decision was made after long and careful consideration of the declining number of volunteers available within the communities. The Board recognizes these volunteers and extends a very sincere thank you for their continued dedication and support, that has ensured continuation of Emergency Medical Services.

The Region celebrated the completion of a number of capital projects with the grand opening of new multi-purpose facilities in Shoal Lake and Carberry. As well, ribbon-cutting ceremonies were held to officially launch the chemotherapy unit in Neepawa and the chemotherapy satellite sites in Hamiota and Russell. Hamiota also celebrated the official opening of the Hudson Suite palliative care unit, a renovation to their facility made possible with funding from the Hamiota District Health Centre Foundation. The Region has also received approval to proceed with the construction of a new personal care home in Neepawa and staff are dedicated to a timely completion of this project. Manitoba Health has also given approval to proceed with construction of a hemodialysis unit at Russell. This project will bring a much-needed service closer to home for those individuals requiring dialysis.

Staffing resources in a number of areas including nursing, diagnostics, pharmacy, and rehabilitation services continue to be a concern, not only within the Region but also across the Province of Manitoba and throughout Canada. In some areas this has resulted in temporary discontinuation of services. Due to the dedication and support of our existing staff, these occurrences have been kept to a minimum.

In closing, we would like to acknowledge and thank the staff within our health care system who provide the direct patient care, each and every day, under adverse conditions, to ensure that you, the residents, receive appropriate, compassionate health care within Marquette.

Robert Butemowsky
Chair

Sandra Delorme, MBA
Chief Executive Officer

Executive Summary

The following Executive Summary briefly describes the major highlights and challenges the Marquette Regional Health Authority has faced throughout the past fiscal year.

Highlights:

- Official openings were held for the Community Cancer Program at the Neepawa Health Centre and the two chemotherapy satellite sites at the Hamiota Health Centre and the Russell Health Centre in September, 2000.
- The Region successfully recruited a Regional Palliative Care Coordinator who is working with all communities throughout the Region to develop palliative care programs. Many communities have offered the Friend in Hand Palliative Care Course.
- The establishment of a Hemodialysis program at the Russell Health Centre was announced in the spring of 2000.
- Initial stages, in preparation for a Regional Accreditation, began in early January 2001.
- The Region distributed a Client Satisfaction Survey to 600 Menta' Health Services clients with approximately 25% completed and returned.
- Official openings were held for the Shoal Lake Strathclair Health Centre and Carberry Health Centre in the fall of 2000.
- The Region was successful in recruiting four contract physicians to the Region and one salaried physician.
- Dr. Finnuala Lonsdale was hired as Vice President of Medicine. Dr. Lonsdale has been very instrumental over the past year in working with physicians to ensure optimal use of resources and the effective deliver of medical services.
- From the period of July 2000 to September 2000, a Patient Satisfaction Survey was distributed in all facilities throughout the Region. Patients were asked to rate a variety of areas on a scale of 1 (Needs Improvement) to 3 (Very Good). Areas included pre-admission/admitting, facility/environment, caregivers, and visiting hours. Patient ratings received were very favourable, with a high percentage of responses in the "very good" category. Comments from this exercise have been reviewed and will be utilized to further im prove client care throughout the Region.

Challenges:

- The Marquette Regional Health Authority continues to face funding shortfalls in several areas, resulting in an overall-increasing deficit. The Region continues to address these concerns with Manitoba Health.
- Recruitment in the areas of nursing, medicine, and diagnostics continues to be an ongoing challenge for th Marquette Region.
- There has been extreme difficulty in maintaining 24/7 Emergency Medical Services coverage over the past year.

Board Members

Robert Buternowsky - Chairman

Robert was first appointed as Chair of the Board of Directors in 1996, at the time of Regionalization. Robert graduated from Osgood Hall Law School in Toronto in 1988 and was called to the bar in 1990. He practised in Toronto until 1994, at which time he moved to Russell to practice with M.D. Butcher & Associates. Robert and his wife, Karen, are the proud parents of triplets, identical sons Logan and Connor, and daughter Tyler, who joined the family on October 19, 2000. Their family is complete with "Nieper", their Bischon pooch named after the Nieper River in the Ukraine.

Ken Hermiston - Vice Chairman

Ken was first appointed to the Board in January 1996 and is currently serving his second term. His past board experience includes the Board of Directors for East View Lodge and Beautiful Plains Health Services Board in Neepawa, Home Assistance Neepawa & District (HAND), and nine years as Councillor for the Town of Neepawa. He is an active member of the Neepawa Rotary Club and Chairman of the Neepawa United Church. Ken retired after twenty-eight years with Federated Co-op, the last seven years spent as General Manager of the Neepawa-Gladstone Co-op. Ken and his wife, Dorothy, reside in Neepawa. They enjoy frequent trips to visit their four children in what Ken refers to as "God's Country", Saskatchewan.

Glen Crawley

Glen joined the Board of Directors at the request of the Minister of Health in July 1996. His past and present Board experience includes membership on the Manitoba Motor Transport Board; Chair of Manitoba Pool Board of Directors, Clanwilliam; Chair of Minnedosa Soil Conservation Association; and former membership on the Minnedosa District Hospital and PCH Board of Directors. Glen and his wife, Annette, operate a mixed farming operation near Clanwilliam. They have two daughters who are attending the University of Manitoba. A favourite past time for Glen and Annette is road trips on the Harley.

Janice Dixon

Jan has been on the Board of Directors since inception in January 1996. Previous Board experience includes former Chair and member of the Board of Directors of Hamiota District Health Centre. She presently sits on the Board of the Hamiota United Church. Jan is a retired Registered Nurse. She and her husband, Mel, recently moved off the farm and are enjoying semi-retirement. Jan and Mel raised a family of four, three sons and one daughter, and also boast of four grandchildren.

Terry Drebit

Terry is a new appointment to the Board as of April 1, 2000. Terry Drebit was raised in rural Manitoba prior to moving to Winnipeg in 1970. He left Winnipeg in 1977, and was self-employed in the restaurant and catering business for over twenty years. Terry devotes much of his time to many volunteer activities. He has served two terms as Councillor for the Town of Minnedosa and is currently serving his second term as Mayor. He has also been a member of the Minnedosa Chamber of Commerce, Minnedosa Lake Rehabilitation Board, Minnedosa Parks & Recreation Board, and the Minnedosa Lions Club.

Board Members *(continued)*

Louis Kurchaba

Louis is a new appointment to the Board as of April 1, 2000. He has been a Lions member for the past twenty-three years and serves on a variety of Boards including Rossburn Agri-Rec, Rossburn Community Hall, Church, and Meals on Wheels. He was also the Chairperson of the Rossburn Health Centre Board of Directors prior to Regionalization. He is a retired high school teacher, and now keeps busy farming, repairing antiques, as well as volunteering his time for many organizations. Louis and his wife, Phyllis, raised three children and their family has grown to include eight grandchildren. He enjoys hunting, playing pool, playing cards, curling, golfing, reading, and visiting friends and relatives.

Marion McNabb

Marion was first appointed to the Board in January 1996 and is currently serving her second term. Marion's previous Board experience includes Trustee of Minnedosa District Hospital & PCH prior to Regionalization; representative to Federated Women's Institutes of Canada National Executive; and Chair of the National Rural Child Care Survey. Marion currently sits as Chair of the Rolling River Festival of the Arts as well as participates in the Strathclair Drama Club Chorus Club. Although she and husband, M.c, have retired from farming they continue to enjoy living on the farm west of Minnedosa. Their family includes one daughter, three sons, and eight grandchildren.

Sandra Shingoose

Sandra joined the Board in March of 1999 to serve the balance of the term of a retiring member and is currently serving in the second term of her appointment. Sandra is the member appointed by the Board from the residents of the Region at large. Sandra brings a strong knowledge of First Nations' issues to the table. She has been employed by Waywayseecappo First Nations as a Community Health Representative for eighteen years. Sandra has a family of three daughters, two sons, and fourteen grandchildren, as well she welcomes to her home and heart a foster son. She enjoys camping, dancing and spending time with her family.

Sylvia Shwaluk

Sylvia was first appointed to the Board in January 1996 and is currently serving her second term. Her previous Board experience includes serving as Trustee and Chair of Rossburn District Health Centre Board, Board Trustee on Westman Integrated Strategy for Health, and Trustee on the Marquette Health Association Task Force. Sylvia has recently returned to the profession of teaching after a brief semi-retirement. She and husband, Walter, operate a mixed farming operation near Vista. They have a grown family of two sons and two daughters.

Alfred Simard

Alfred was among the original appointments to the Board in January 1996, prior to Regionalization. His previous Board experience included five years with the Birtle & District Health Centre Board of Trustees, as well as Knights of Columbus Council, RM of Ellice Council, and Board member for Labour Training Management Projects in Russell. Alfred works at the potash mine in Esterhazy, Saskatchewan, and is strongly involved in union/management affairs. Alfred and his wife, Theresa, live and farm near St. Lazare.

Board Members *(continued)*

Al Sjolie

Al was among the original appointments to the Board in January 1996, prior to Regionalization. Prior to this appointment he served on the Board of the Carberry Plains District Health Centre, acting as Chairman from 1993 to 1996. Al retired from the RCMP in 1980, after twenty-five years of service. He and his wife, Helen, owned and operated the Valumaster Hardware in Carberry until recently closing the business with the hopes of enjoying more leisure time in retirement. They have one son and one daughter as well as three granddaughters. Al has been actively involved with Kinsmen Clubs in the various locations where he was posted with the police force, as well as Carberry BPO Elks, Carberry Chamber of Commerce, and coaching minor sports for a number of years. He is a provincial Magistrate as well as a past member of the National Parole Board.

Ed Slywchuk

Ed has served on the Board since May 1999, appointed by the Minister of Health from the residents of the Region at large. Previous to appointment to the Board, Ed served on District Health Advisory Council #1. He currently serves on the Binscarth Village Council and is a member of the Binscarth Lion's Club. Ed retired after thirty five years in the teaching profession, most recently as Principal of Binscarth School. He and his wife, Rita, have three children and four grandchildren.

Harold Stitt

Harold was first appointed to the Board in January 1996 and is currently serving his second term. Previous Board experience includes Board Chair of the Erickson District Health Centre; member of Minnedosa/Erickson Ambulance Service; Westman Integrated Strategy for Health; and Marquette Health Association Task Force. Harold and his wife, Millie, are retired and live in Erickson. They are the proud parents of three sons, and one daughter, and grandparents to five.

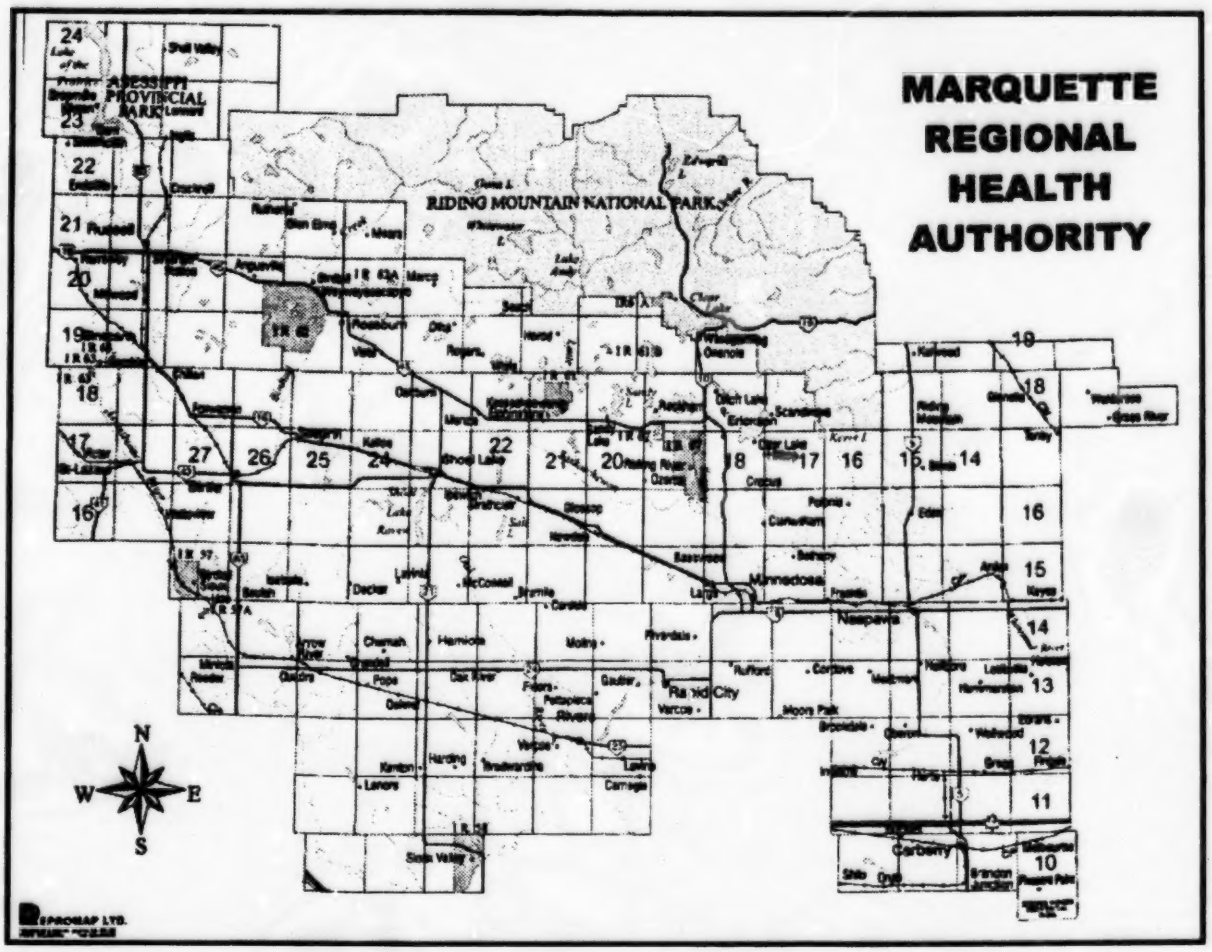
Phil Tyschinski

Phil was first appointed to the Board in 1996 and is currently serving his second term. He was a member of the Sandy Lake Nursing Home Board prior to accepting appointment to the Marquette Regional Health Authority Board. Phil farms with wife, Marie, near Sandy Lake and holds seasonal employment at the Clear Lake Golf Course. Their family consists of three sons, one daughter, as well as three grandsons and one granddaughter.

Donald Yanick

Don was first appointed to the Board in January 1996 and is currently serving his second term. He previously served on the Shoal Lake Strathclair Health Centre Board, stepping down as Chair at the time of his move to the Marquette Regional Health Authority Board. Don is currently in his first term as Reeve of the RM of Shoal Lake. He and his wife, Sandi, are strong community supporters with involvement in a wide variety of organizations and activities. They have three children and operate a mixed farm operation at Shoal Lake.

The Marquette Region



The Region:
- 25 Rural Municipalities
- 13 Incorporated Towns/Villages
- 6 First Nation Communities

Facilities:
- 10 Hospitals
- 11 Personal Care Homes
- 6 Elderly Persons Housing Units

Programs & Services:
- Public Health
- Community Mental Health
- Home Care
- Emergency Medical Services (Ambulance)
- Diagnostics

Vision

Healthier
People
in
Marquette

Mission

To deliver
appropriate
health care
to meet the needs
of the clients

Ends Statements

- *Healthy Lifestyles*
- *Sick People Gain a Healthier State of Mind and/or Body*
- *Terminally Ill Die With Dignity*
- *Seniors, Elderly, Disabled Remain as Independent as Possible*

Health Authority Communications

The Marquette Regional Health Authority continues to recognize the importance of effective communication throughout the Region. Several initiatives have occurred over the past year, in an effort to expand upon, and enhance both internal and external communication.

Within the 2000 - 2001 year, two editions of Marquette Matters were published and public feedback continues to be positive. The Communications Officer, in collaboration with Program Directors, Community Health Directors, and Direct Service Staff, attempt to include articles that represent all programs and services offered in the Region. Emphasis is placed on health promotion, helping to educate residents on the importance of "wellness", as opposed to focusing primarily on illness.

The Board of Directors, together with Senior Management, is striving for an ongoing, positive relationship with the general public throughout the Region. Public Meetings were organized in the spring of 2001 with the main purpose of identifying human resource challenges at all levels within the Region, across the Province, and throughout Canada. Meetings were held in ten communities throughout the Marquette Regional Health Authority and were very much appreciated by all audiences. The meetings were organized as an informal, round table discussion, and were an excellent opportunity to communicate face to face with public representatives. Public response was extremely positive and those in attendance expressed the need for such meetings to occur more often in the future.

The Region continues to provide press releases to inform the public of emerging issues and strives to answer public questions and concerns when required. A number of public information initiatives have also been organized by the Health Promotion Coordinator, and include such things as videos, newspaper articles, and display boards.

As part of an internal communication strategy the following initiatives are currently in place:

- A weekly "Nice To Know" bulletin updating employees on new staff, important dates, upcoming programs, education seminars, etc.
- A Staff Newsletter, published 6-8 times/year.
- Board Highlights following Board Meetings

Health Status Highlights

Manitoba Population Report (1999)

Source: Manitoba Health

AGE	TOTAL	MALE	FEMALE
0 - 14	7,451	3,794	3,657
15 - 24	5,100	2,712	2,388
25 - 34	3,985	2,042	1,943
35 - 44	5,488	2,802	2,686
45 - 54	4,658	2,385	2,273
55 - 64	3,608	1,795	1,813
65 - 74	3,454	1,726	1,728
75 +	3,805	1,482	2,323
Total Population	**37,549**	**18,739**	**18,811**

LENGTH OF LIFE

Sex Specific Average Annual Death Rates for Leading Causes of Potential Years of Life Lost (PYLL) 1994 - 1998

Source: Manitoba Health

FEMALES

Cause of Death	Total PYLL (Marquette)	Provincial Total PYLL
Breast Cancer	385	10,135
Trachea, Bronchus and Lung Cancer	351	9,454
Suicide	312	4,612
Motor Vehicle Traffic Accidents	264	6,264
Ischemic Heart Disease	227	8,798
Cerebrovascular Diseases	146	5,136
Accidental Suffocation	115	1,448
Malignent Neoplasm without site specific	98	2,072
Cancer of Large Intestine & Rectum	95	4,612
Non-Hodgkin's Lymphoma	78	2,269

MALES

Cause of Death	Total PYLL (Marquette)	Provincial Total PYLL
Ischemic Heart Disease	1,065	26,731
Suicide	939	17,398
Motor vehicle traffic accidents	748	16,249
Trachea, Bronchus and Lung Cancer	537	12,201
Pneumonia and Influenza	257	3,170
Congenital Anomalies of the Respiratory System	225	Not Calculated
Ill Defined / Unknown Causes	202	4,983
Cerebrovascular diseases	188	5,461
Cardiac dysrhythmias	183	1,854
Other congenital Anomalies of the Heart	179	Not Calculated

Note: PYLL - Potential Years of Life Lost. This is calculated as 75-Age at Death.
Anyone who died at age 75+ would have a PYLL=0.

Sex Specific Average Annual Death rates per 100,000 pop. 1994 - 1998

Source: Manitoba Health

FEMALES

Cause of Death	Number of Deaths (Marquette)	Provincial Number of Deaths
Ischemic heart disease	144	4,668
Cerebrovascular diseases	109	2,237
Pneumonia and influenza	61	1,087
Heart Failure	57	771
Breast Cancer	52	1,027
Trachea, Bronchus and Lung Cancer	47	1,217
Cancer of the Large Intestine and Rectum	27	609
Cardiac Dysrhythmias	26	458
Kidney Diseases	26	429
COPD	23	686

MALES

Cause of Death	Number of Deaths (Marquette)	Provincial Number of Deaths
Ischemic heart disease	276	5,497
Cerebrovascular Diseases	90	1,682
Trachea, Bronchus and Lung Cancer	87	1,832
COPD	59	1,065
Pneumonia and influenza	58	948
Prostate cancer	48	868
Heart failure	42	549
Cancer of the Large Intestines and Rectum	29	689
Kidney Disease	26	371
Motor vehicle traffic accidents	25	422

Premature Mortality Rates (per 100,000 pop.) 1994 - 1998

Source: Manitoba Health

Region	Standardized Mortality Rate
Marquette	350.70
Manitoba	346.58

Note: All rates are standardized to Manitoba 1990 population.

DEATHS

Standardized Mortality Rates (per 100,000 pop.) 1994-1998

Source: Manitoba Health

Region	Standardized Mortality Rate
Marquette	728.53
Manitoba	752.52

Note: All rates are standardized to Manitoba 1990 population.

Infant Mortality Rates (per 1,000 live births) 1995 - 1999

Source: Manitoba Health

Region	Mortality Rate
Marquette	9.17
Manitoba	6.94

DISEASES AND CONDITIONS

Birth Weight Rates (1998/1999)

Source: Manitoba Health - Decision Support Services

MARQUETTE					
	Low (1-2499 grams)	Average (2500-3999 grams)	High (4000+ grams)	Unknown	Total
Live Birth	20	283	52	49	404
Still Birth	1	-	-	-	1
Regional Total	21	283	52	49	405

Incidence of Selected Notifiable Diseases

Source: Manitoba Health

Tuberculosis Incidence: Crude Rates (per 100,000 population)

	1997	1998	1999
Marquette	2.63	2.65	8.00
Manitoba	8.29	10.15	10.70

Chlamydia Infection Incidence: Crude Rates (per 100,000 population)

	1997	1998	1999
Marquette	71.09	95.44	114.50
Manitoba	224.89	272.39	258.40

Individuals Testing HIV Positive by Residence: 1985-1998

REGIONS COMBINED	MALE	FEMALE
Brandon, Marquette, South Westman	16	< 5

* AIDS Cases 1985 - 1995 = < 5

Shigellosis Incidence: Crude Rates (per 100,000 population)

	1997	1998	1999
Marquette	10.53	0.00	8.00
Manitoba	8.99	19.87	14.00

Incidence of Selected Cancers

Source: The Manitoba Cancer and Treatment Research Foundation

Melanoma Incidence

RHA	Sex	Incidence Standard Rate (1990 - 1996)	Prevalence Standard Rate (Dec. 31, 1996)
Marquette	M	12.1	82.8
Marquette	F	9.5	111.3
Brandon	M	13.6	123.6
Brandon	F	9.3	121.9
South Westman	M	13.9	81.3
South Westman	F	12.2	165.9

Incidence is the number of new cases occurring in a given time period.
Prevalence is the number of existing cases in a given time period.

Breast Cancer Incidence

RHA	Sex	Incidence Standard Rate (1990 - 1996)	Prevalence Standard Rate (Dec. 31, 1996)
Marquette	M	0.6	8.3
Marquette	F	112.1	1,156.3
Brandon	M	2.4	15.8
Brandon	F	133.2	1,385.7
South Westman	M	1.2	4.3
South Westman	F	116.5	1,185.7

Incidence is the number of new cases occurring in a given time period.
Prevalence is the number of existing cases in a given time period.

Cervical Cancer Incidence

RHA	Sex	Incidence Standard Rate (1990 - 1996)	Prevalence Standard Rate (Dec. 31, 1996)
Marquette	F	11.2	140.5
Brandon	F	6.4	130.2
South Westman	F	11.3	175.4

Incidence is the number of new cases occurring in a given time period.
Prevalence is the number of existing cases in a given time period.

Prostate Cancer Incidence

RHA	Sex	Incidence Standard Rate (1990 - 1996)	Prevalence Standard Rate (Dec. 31, 1996)
Marquette	M	169.1	1093.7
Brandon	M	157.5	1080.7
South Westman	M	172.1	1038.3

Incidence is the number of new cases occurring in a given time period.
Prevalence is the number of existing cases in a given time period.

Incidence and Prevalence of Diabetes Mellitus - 1996

Source: Diabetes Database, Epidemiology Unit

Sex	Crude Incidence (Marquette)	Crude Incidence (Manitoba)	Crude Prevalence (Marquette)	Crude Prevalence (Manitoba)
Both	4.807	4.02	50.89	44.27
Female	4.608	4.00	51.53	45.56
Male	5.005	4.04	50.24	42.95

Mental Health

Source: 1996 National Population Health Survey

Psychological Well Being, Sense of Coherence Scale

Region	Average Score
Westman	60.72
Manitoba	59.11

Note: The higher the score, the higher the sense of psychological well being.

Depression

Source: 1996 National Population Health Survey
Calculation: Proportion of individuals aged 12+ who have at least a 90% probability of a major depressive episode.

In Manitoba, 4.91% of residents have a tendency to depression.

Suicide Rates per 100,000 population (1993 - 1997)
Source: Manitoba Health

Region	Suicide Rate
Marquette	15.18
Manitoba	11.48

ABILITY TO FUNCTION

Function

Source: National Population Health Survey (1996)

Region	Activity Limitation	Disability Days	Perfect Health
Westman	21.49%	1.09	30.09%
Manitoba	22.02%	0.94	31.91%

WELL BEING

Well Being

Source: National Population Health Survey (1996)

Region	"Excellent" Self rated health	High psychological well being	"Very satisfied" in job
Westman	22.27%	Not Calculated	39.16
Manitoba	20.48%	8.12%	29.28

Note: Some regional values cannot be released due to cell sizes < 30.

HEALTHY CHILD DEVELOPMENT

Teenage Pregnancy Rate (1998/1999)

Source: Manitoba Health

(Includes Deliveries, Therapeutic and Spontaneous Abortions)

Region	Mothers Age	Number of Pregnancies
Marquette	10-14	0
Manitoba	10-14	38
Marquette	15-19	59
Manitoba	15-19	2,416

PERSONAL HEALTH PRACTICES/COPING SKILLS

Smoking Rates

Proportion of Regular Smokers
Source: National Population Health Survey (1996)

Region	% - All Residents	% - Females	% - Males	% - 15 - 24	% - 25 - 44	% - 45 - 64	% - 65+
Marquette	23.42%	23.42%	23.41%	Not calc.	31.92%	26.04%	12.58%
Manitoba	22.85%	20.53%	25.24%	24.88%	26.10%	24.22%	11.05%

Some proportion could not be calculated due to cell sizes < 30.

Proportion of pregnant women who are regular smokers (1997 - 98)
Source: Post-partum Referral Form Database

Region	Unknown	Yes	No
Marquette	16	166	399
Manitoba	705	7,133	17,587

Obesity Rates

Source: National Population Health Survey (1996)

Region	% - All Residents	% - Female	% - Male	% - 25-44	% - 45-64
Marquette	10.58%	7.22%	13.99%	14.09%	22.66%
Manitoba	11.24%	9.14%	13.41%	13.03%	21.01%

Proportion of Population with Inactive Leisure Time

Source: National Population Health Survey (1996)

Region	% - All Residents	% - Females	% - Males	% - 12 - 24	% - 25 - 44	% - 45 - 64	% - 65+
Marquette	57.54%	61.87%	53.26%	33.89%	59.19%	72.25%	68.81%
Manitoba	58.79%	61.74%	55.74%	37.05%	60.74%	67.84%	69.57%

Proportion of Heavy Drinkers

Source: National Population Health Survey (1996)

Region	Proportion drinking 14+ drinks per week
Marquette	3.81%
Manitoba	6.07%

EMPLOYMENT/WORKING CONDITIONS

Unemployment Rate

Source: Statistics Canada, Manitoba and RHA Custom Tables - 1996 Census

Characteristics	Marquette	Manitoba
Total Labour Force	18,375	567,825
Employed	17,400	523,215
Unemployed	970	44,615
Not in Labour Force	10,680	288,055
Unemployment Rate (%)	5.28	7.86
MALE		
Total Labour Force	10,495	306,670
Employed	9,915	280,615
Unemployed	580	26,050
Not in Labour Force	4,125	110,085
Unemployment Rate (%)	5.53	8.49
FEMALE		
Total Labour Force	7,880	261,155
Employed	7,490	242,595
Unemployed	390	18,555
Not in Labour Force	6,555	177,970
Unemployment Rate (%)	**4.95**	**7.10**

EDUCATION

Education Level (1996)

Source: Statistics Canada, Manitoba and RHA Custom Tables - 1996 Census
Proportion of population 15+ with less than nine years of schooling, 1996

Region	Percent
Marquette	18.50
Manitoba	12.58

Activities Associated with the Assessment of Health

The Marquette Regional Health Authority utilizes the information gathered as part of the Community Health Assessment when developing the Annual Health Plan. Programs and Services delivered in Marquette target high-risk groups identified throughout the assessment process. The Region also uses this document when considering new program initiatives. The Community Health Assessment has not been revised since its initial completion.

Priorities Identified

The completion of the Community Health Assessment confirmed the four population groups identified as high risk by Manitoba Health. The following section summarizes some of the main characteristics of these groups in the Marquette Region and the main health issues the general public consider important.

Seniors

The proportion of elderly in the Marquette Region is substantially higher than the proportion of seniors in Manitoba (20.8% vs. 13.5%). This offers several challenges for the Marquette Region. The senior population throughout the Region commended Marquette on its Services to Seniors Programs, Meals on Wheels, and Handivan services. However, the senior population stressed that priority be given to Home Care Services. The Marquette population voiced concern over the ability of the current Home Care program to withstand the ever-growing demands.

First Nations

Six First Nation Communities are located within Marquette, comprising 8% of the total population. Some health concerns expressed by the First Nations communities included:

- Diabetes
- Asthma
- Mental Health
- Availability of Dialysis Services

Children & Youth

Concerns voiced in this group consisted of these main categories:

- Teen Pregnancy
- Alcohol Abuse
- Gambling
- Teen Smoking

Women

The main concern in this category was equitable distribution of obstetrical services across the region. The north-west corner of Marquette currently offers no obstetrical services.

Core Services - 2000/2001 Year's Activities

Health Promotion

The Region continues to recognize the importance of health promotion in the delivery of all programs and services throughout the Region. A Health Promotion Coordinator was recruited in October 2000 with full time resources being dedicated to the Marquette Region. Over the last fiscal year, a number of initiatives have been undertaken.

- A Visual Impact Report was completed to analyse facilities across the Region as to the image and educational messages being presented to the public, and the consistency of those messages. The study also looked at the opportunities that may exist to solidify messages and have greater impact.

- A Staff Education Survey was completed at three sites with 82 responses. Coping with stress and effective communication skills was identified as the top two topics of interest/concern. In response to staff comments, four workshops were offered for staff with keynote speaker Cathy Fenwick. The theme of these workshops was "Workscapes: Keeping the Spirit Alive at Work".

- A Health Promotion Communication Strategy was developed with a plan to address current subject areas within Public Health, Diabetes, and Heart Health. Information on various topics was disseminated using multi-media techniques such as videos, news columns, displays within each Public Health Unit, and publications in Marquette Matters. The following videos have been developed:
  - ✔ Making Healthy Choices - Grocery store tour focusing on foods that would be appropriate for diabetic patients (also used as a teaching tool for newly diagnosed patients and for clinics).
  - ✔ Questions about Cancer - Featured Marquette's Regional Chemotherapy Outreach Program.
  - ✔ Canadian Red Cross: A Neighbourhood Friend.
  - ✔ Suppertime Survival - Taping of food preparation techniques (e.g. low fat, heart smart, and quick and easy to prepare).

- Displays developed were:
  - ✔ Nutrition Myth & Fallacies
  - ✔ Cancer Awareness (developed in partnership with Canadian Cancer Society)
  - ✔ Summer Safety
  - ✔ Car Seat Safety

- Providing ongoing support to Healthy Community Committees across the Region.

- Tri-Regional Heart and Stroke Professional Development Series were organized covering topics such as motivation, teamwork, and parenting skills.

- ***In 2000/2001, there were 833 direct individual contacts done by Baby First Home Visitors***

- ***There were 87 direct individual contacts done by Public Health Nurses for the Woman Infant Nutrition Program***

Diabetes and Heart Health Promotion

Community/Public Education

- Presentations/displays/booths: Taking Off Pounds Sensibly Groups, Recreation Directors, Shoal Lake Health Fair, Minnedosa Health Fair, the Provincial Lions Convention, and Agriculture Days in Brandon.
- Worked with Recreation Directors and Home Economists to deliver seven courses on low-fat cooking for the rushed (Suppertime Survival) in March (nutrition month).
- Provided grocery stores across the Region with displays on healthy eating.

Intersectoral Community Activities/Community Development

- Participated on the Program Planning Working Group for the Summer Institute that was held in the summer of 2000.
- Co-ordinated grocery shopping tours with the Regional Dietician in several communities.
- Connected Prairie Health Matters staff with Regional Health Authority pharmacists to develop a plan for educational collaboration.
- Collaborated with Brandon and South Westman Regional Health Authorities to successfully receive a grant from Heart and Stroke to deliver three educational workshops across the Region on the prevention of heart disease.
- Organized a joint effort between three diabetes clinics (Hamiota, Shoal Lake, and Rivers) in Marquette and the writing of a proposal for the evaluation of two of those clinics.
- Facilitated a multi-sectoral group in the writing of a diabetes prevention project funded by the Canadian Diabetes Strategy.

Staff Development

- Delivered inservices in the fall on Clinical Practice Guidelines for diabetes to health professionals across the Region.
- Delivered inservices in the spring on nutrition and diabetes to health professionals across the Region.

Communication

- Collaborated with partners at Prairie Health Matters to provide monthly newspaper articles for placement in local newspapers.
- Developed health promotion displays to be used throughout the Region.
- Distributed Prairie Health Matters newsletter and other information across the Region to health professionals, recreation directors, diabetes clinics, home economists, Seniors Services, etc. (3 times/year).
- Table Tents delivered to restaurants in the Region with healthy eating messages for the month of March.

- *There were 309 direct individual contacts done by Public Health Nurses for Travel Health*
- *There were 3135 direct individual contacts with Public Health Clients relating primarily to prenatal/postnatal care*

Health Protection

Immunization Programs were held throughout the Marquette Region, with the following rates achieved.

Influenza Vaccine

	1999	2000
Health Care Workers	403	596
65 years and over	3809	4390
Individuals with chronic conditions aged 15-64	747	1284
Totals	4959	6270

Hepatitis B

Of 448 eligible grade four students, 389 consents for administration of Hepatitis B Vaccination were received. This is an 87% average across the Region.

Communicable Disease Investigation Highlights

- 1 active Pulmonary Tuberculosis case
- Rabies
- 41 investigations for rabies involving skunks
- 10 investigations for rabies involving dogs
- 7 investigations for rabies involving cows
- 5 investigations for rabies involving other animals
- 6 Cryptosporidium investigations
- 7 E. Coli investigations
- 5 Hepatitis C investigations
- 10 Salmonella investigations

Number of admissions to acute care within the Brandon Regional Health Centre

- *Centre for Adult Psychiatry* 92
- *Child & Adolescent Treatment Centre* 22
- *Centre for Geriatric Psychiatry* 52

Prevention/Community Health Services

Manitoba Farm and Rural Stress Line

Due to the current challenges being faced throughout the Agriculture industry in the Province, the Manitoba Farm and Rural Stress line was established. The Stress Line has been in operation since December 2000 and employs four workers. The number of calls fluctuates greatly from day to day, and week to week, as does the area that people are calling from. Farming and rural males over the age of 35 have been the most represented population. As the line becomes more well known, there has been an increase in mental health issues, and the population has become more female.

Community Respiratory Program

Together, Rana-Medical and the Marquette Regional Health Authority continue to offer Community Respiratory Clinics in the communities of Birtle, Neepawa, Rivers, and Russell. These clinics focus on treatment and disease management (asthma and chronic obstructive pulmonary disease). A total of 256 clients were part of the program over the last fiscal year. The majority of referrals to the program came from individuals, physicians, and nurses. Clients do not need a physician referral to access the program.

Pre-school Service

A number of meetings were held with Regional representation from health, education, and family services to address the issue of pre-school assessment, intervention, and speech and language services. Issues surrounding universal and equitable delivery of services and programming across the Region were discussed. Listed are the following outcomes of this process:

- Universal three-year-old screening program initiated across the Region.
- Children's Special Services "Child Development" program expanded across the Region.
- Child Psychologist services added to the pre-school service team in Marquette.
- Visioning workshop held to look at what is needed for healthy families in Marquette. This day included partners such as Education, Health, Justice, Probation, Family Services, Child and Family Services, Ministerial, RCMP, Recreation, Community, Addictions Foundation of Manitoba, Day-care, and Municipalities.

Healthy Child Manitoba organized a presentation in the Marquette Region to a large cross section of municipal, community, and program partners on the Healthy Child Parent child Resourcing Initiative. Interest was expressed at this time for these partners to come together to look at a formal proposal to go forward to Healthy Child Manitoba from the Marquette Region.

Baby First/Early Start

Two full time home visitors provided services to 44 families in the Marquette Region. An Outreach component "Nobody's Perfect" program was held in east and west Marquette.

Prenatal Classes

A new prenatal class model of delivery was offered during this fiscal year. Classes alternated between east and west Marquette, and were offered on Saturdays with one evening class. This model was implemented in response to consumer request.

Treatment, Emergency, and Diagnostics

Treatment

Ophthalmology surgery continues at the Minnedosa Health Centre and has been extremely successful. The Tri-Regional Surgery Program has been an excellent example of three Regions working together to provide optimal service for patients. There were 189 surgeries performed this year.

Community Cancer Programs are now in operation in Neepawa, Hamiota, and Russell, and provide a valuable service to the residents of Marquette. Administering chemotherapy drugs to residents within the Region has provided a safe, effective option, keeping them close to home and reducing travel times. Over the past fiscal year, there have been 354 total chemotherapy treatment visits in these three sites.

Emergency

Throughout the 2000/2001 fiscal year, several Emergency Medical Services (EMS) stations were unable to guarantee 24-hour/7day coverage with existing staff/volunteers. Staffing shortages were a result of a decreasing number of casual/volunteer personnel in small rural communities, the inability to recruit personnel due to lack of remuneration, and trained professionals leaving the Region for paid positions in larger centres.

As a result of the Region's inability to provide continual coverage, the Board of Directors approved the first phase of an EMS stabilization program. The goals of the program included:

- A minimum of one paid full time paramedic(s) in each EMS station throughout the Region.
- Improved remuneration for casual/volunteer personnel.
- Implementation of a Regional Interfacility Transfer Program designed to allow ambulances to remain in communities for emergency responses.
- Better equipped ambulances in all sites (defibrillators, first response kits).

Diagnostics

Over the past year Diagnostic Services has faced extreme staffing shortages. Both the Hamiota Health Centre and the Erickson Health Centre have been unable to fill full time positions, and the Rossburn Health Centre has been unable to fill a part-time term position. The Region has also been unable to fill a permanent full time float position. These shortages have left facilities short staffed, and as a result, workloads have increased. The Marquette Regional Health Authority continues to lobby for the reintroduction of the Lab Assistant and Radiography Assistant training programs.

As a short-term solution, non-technical Laboratory Aide positions have been established in a number of departments across the Region to provide relief to Technologists. These individuals are able to answer phones, schedule appointments, and perform basic office duties, freeing up more time for Technologists to provide direct service to clients.

- ***There were 5129 people admitted to hospital in 2000/2001***
- ***There were 354 chemotherapy treatment visits in the past fiscal year. Of these treatments, there were 20 new patient visits***

Development and Rehabilitation Support Services

Community Therapy Services, in collaboration with the Marquette Region, has been successful in recruiting two physiotherapists and two occupational therapists. These positions are not full time positions, and although these individuals have not eliminated the workload stressors currently on rehabilitation services, they have helped to alleviate some pressures.

The in-patient rehabilitation program was transferred from the Russell Health Centre to the Shoal Lake Health Centre in the spring of 2001. The inability to recruit trained Rehabilitation Aides at the Russell Health Centre essentially resulted in the transfer of the program to its new site. Trained Rehabilitation Aides already resided in the Shoal Lake area and this facility also provided a geographically central location to Marquette and South Westman Regional Health Authorities, who have accessed the program in the past. A contracted physiotherapist provides rehabilitation services to the program.

The Region was also successful in recruiting two Speech Language Pathologists who will be delivering speech language therapy to pre-schoolers throughout the Region. The demand for this service in the Marquette Region and across the Province is extremely high, and is a very welcome addition to the current programs and services.

Home Based Care Services

The Regional Home Care Program continues to experience growth related to the number of Marquette residents that it serves. Over the last fiscal year, there has been a 5.4% growth rate. On average, 736 households per month were receiving Home Care services.

The ongoing challenge for Home Care is to ensure that there is an adequate number of Direct Care Staff to meet the needs of the clients. Over the last year, there has been significant team work with Assiniboine Community College, and this partnership has resulted in ongoing plans to allow Home Care staff to obtain appropriate training through distance education options.

The development of a client satisfaction strategy has been completed. In the fall of 2001, all clients will receive this survey. Feedback will be incorporated into the overall Home Care quality improvement strategy.

Long-Term Care

Due to the increasing need for Long Term Care beds throughout the Region, beds were increased as a result of the construction project in Carberry. The Region now has 436 long term care beds.

The Resident's Bill of Rights was reviewed and standardized across the Marquette Region. This process involved a number of key stakeholders, and will ensure consistency in all facilities across the Region.

Marquette continues to offer Adult Day Programs in Russell, Rivers, Neepawa, and Minnedosa. The Region has identified the need for additional programs to Manitoba Health through the Health Planning process. To date, no additional funding has been received.

Mental Health Services

A Province-wide mental health caseload review was completed in October 2000. This process will provide the Region with data necessary for any redistribution of services. The new Mental Health Act was proclaimed in the 2000/2001 year, providing an opportunity for heightened awareness. Six Marquette sites hosted an education session provided by Dr. V. Vipulananthan, Chief Psychiatrist for the Brandon, South Westman and Marquette Regions. Mental Health Renewal in Manitoba was launched in February, ensuring that Mental Health Reform continues to address existing gaps.

The Mental Health team for Marquette's Regional Accreditation is made up of 35 partners from services, communities, and agencies. The self-assessment process has been extremely valuable and has identified a number of priorities for the mental health program. Eight interagency meetings were also held throughout the year to assist with the development of collaborative processes between agencies/services programs within the Region. Approximately 95 care providers attended these sessions.

The Mental Health Program has expanded the health promotion/prevention model with the launch of display boards throughout the Region. Each theme topic was hosted for one month, accompanied by pamphlets and educational materials available to consumers. Public and staff response has been very good.

A waiting list process has been developed in the Region to manage heavy workload issues. This process commenced in February 2001. Within Marquette, only the Child and Adolescent provider in East Marquette hosts a waiting list.

Continuing with the Mental Health Reform goals of developing Day Program Enhancements, the Mobile Activity Program continues in Hamiota one day per week for individuals with a primary psychiatric diagnosis. The program was recommended in Shoal Lake weekly with a focus on those with special needs arising from cognitive impairments or depression. Mental Health Services for the Elderly Tri-Regional Program continues to staff these programs. A short pilot project was facilitated in Carberry to provide activities to clients in hospital who had difficulty adjusting to the construction. This utilized Marquette's proctor staffing with direction and support from Mental Health Services for the Elderly. This again demonstrated the effectiveness and need for structured activities available to longer stay clients in the hospital setting.

Substance Abuse/Addictions

Substance Abuse and Addictions services are provided to the Marquette Regional Health Authority primarily through the Addictions Foundation of Manitoba. The Addictions Foundation of Manitoba is the Provincial Authority responsible for providing prevention, education, and rehabilitation programs related to chemical misuse, chemical dependency, and problem gambling for individuals and communities.

The local Addiction Foundation of Manitoba workers provide weekly service to a number of communities throughout the Marquette Regional Health Authority. Main offices are located in Rossburn and Neepawa, with itinerant offices located in Russell, Hamiota, Shoal Lake, Birtle, and Minnedosa.

Programs include assessment and referral with regard to alcohol, street drugs, prescription medications, gambling, and solvent abuse. Specific programs include non-residential counselling for the both the addicted person and affected family members, the family program specific to those who live with or are associated with a chemically dependent individual, youth assessments, as well as referral to residential programs for youth and adults in the areas of alcohol, drugs, and gambling. The Foundation is also responsible for the Impaired Drivers Program.

Prevention and education sessions and workshops are also made available throughout the year to special interest groups.

Palliative Care

Palliative Care is the active, compassionate care of the chronically and terminally ill, primarily directed towards improving the quality of life at a time when there is not a cure. The emphasis on palliative care throughout the Region is on control of pain and symptoms, and meeting the physical, emotional, spiritual, social, and cultural needs of the client and their family. It is multi-disciplinary in its approach, encompassing the client, family, caregivers, and the community in its scope and extends to include grief and bereavement.

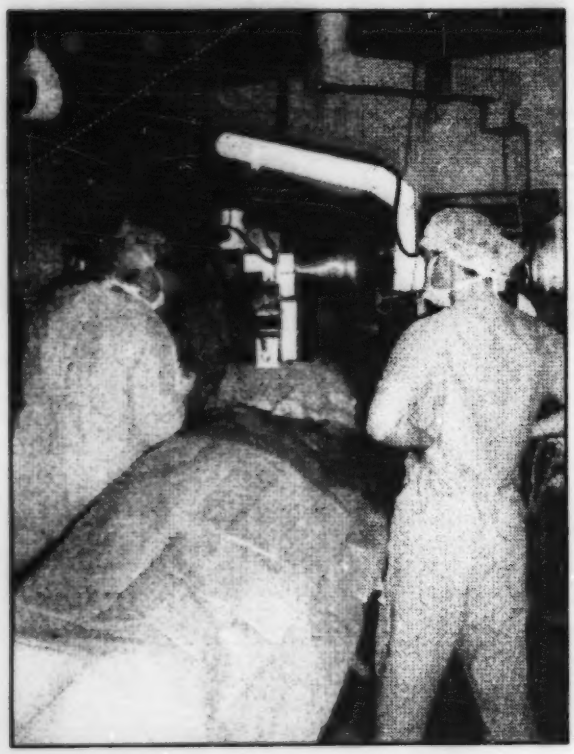
The Marquette Regional Health Authority continues to enhance palliative care programs throughout the Region. Programs are predominately organized through each individual community, therefore services vary throughout the Region. Several communities have worked with the local hospital to establish palliative care rooms and have offered the "Friend in Hand" Palliative Care Course to interested volunteers.

In March 2001 a Regional Palliative Care Coordinator was hired in the Region. With the development of this position, residents will begin to benefit from a consistent and comprehensive palliative care program throughout the Region.

Medical Services

The following physicians were recruited in the Marquette Regional Health Authority over the past fiscal year.

- Birtle - One Independent Contract Physician
- Carberry - One Independent Contract Physician
- Hamiota - One Salaried Physician
- Rossburn - One Independent Contract Physician



Total number of active mental health cases in the Region

• Adult cases	266
• Child & Adolescent cases	109
• Mental health services for the Elderly	135

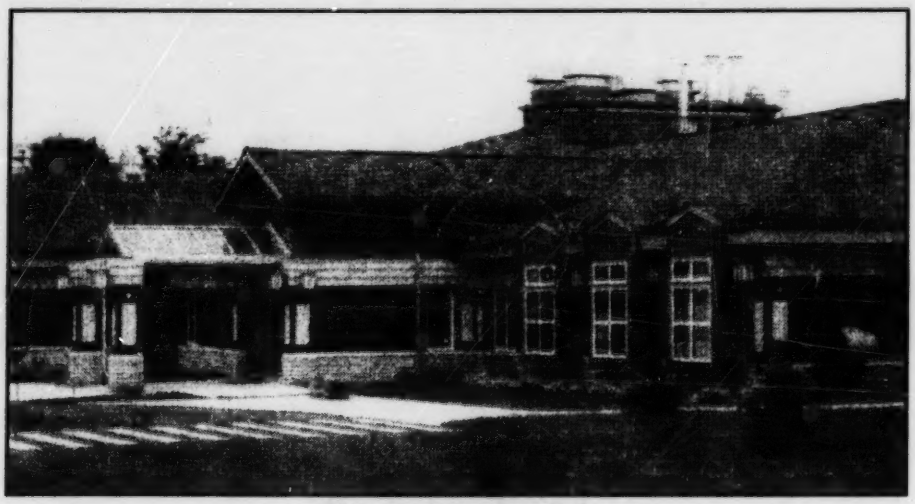
Capital Planning

The following is a list of 2000-2001 capital projects:

Community	Project	Cost	Status
Shoal Lake	Shoal Lake Strathclair Health Centre	5,380,909.00	Completed
Carberry	Carberry Health Centre	6,575,000.00	Completed
Russell	Chemotherapy Renovations	46,822.74*	Completed
Hamiota	Chemotherapy and Palliative Care Renovations	83,324.96**	Completed
Erickson	Eaves an Fascia	22,823.40	Completed
Erickson	Repair Humidifiers	5,518.56	Completed
Minnedosa	Repair Nurse Call System	6,492.72	Completed
Neepawa	Repair Resident Security System	3,325.34	Completed
Rivers	Repair Roof	14,254.18	Completed
Russell	Relocate Laundry	63,693.62	Completed
Birtle	Boiler Replacement	28,364.00	In progress
Rivers	Emergency Medical Services Facility	65,756.00	In progress
Russell	Hemodialysis Unit	464,500.00	In progress
Neepawa	Chemotherapy Outreach Clinic	861,327.00	In progress
Neepawa	Neepawa Personal Care Home	15,977,218.00	In progress

* Funded by the Banner County Health Foundation

** Funded by the Hamiota District Centre Foundation and the Marquette Regional Health Authority



New Carberry hospital

MARQUETTE REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2001

	2001	2000
ASSETS		
CURRENT ASSETS		
Cash and investments	828,511	376,353
Accounts receivable - 2000/01 Deficit	2,254,075	-
Accounts receivable - Other	902,782	2,351,984
Inventory	800,836	796,146
Prepaid expenses	233,519	216,856
Deferred vacation expenses	2,293,169	2,255,868
	7,312,892	5,997,207
DEFERRED SEVERANCE EXPENSES	3,298,504	-
CAPITAL ASSETS (Note 3)	37,856,267	33,110,014
	48,467,663	39,107,221
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	3,174,172	3,031,627
Accrued vacation payable	2,293,169	2,255,868
Current portion of long-term debt (Note 4)	1,140,507	552,553
	6,607,848	5,840,048
ACCRUED SEVERANCE PAYABLE	3,298,504	-
LONG-TERM DEBT (Note 4)	17,471,236	8,322,181
DEFERRED CONTRIBUTIONS (Note 5)	21,299,540	26,100,751
	48,677,128	40,262,980
NET ASSETS		
Invested in capital assets	1,249,892	1,326,055
Internally restricted	60,729	40,000
Externally restricted	25,223	19,730
Unrestricted (deficit)	(1,545,309)	(2,541,544)
	(209,465)	(1,155,759)
	48,467,663	39,107,221

ON BEHALF OF THE BOARD:

..... DIRECTOR

..... DIRECTOR

MARQUETTE REGIONAL HEALTH AUTHORITY
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2001

	Invested in Capital Assets	Internally Restricted	Externally Restricted	Unrestricted	2001 Total	2000 Total
Balance, beginning of year	1,326,055	40,000	19,730	(2,541,544)	(1,155,759)	(23,324)
Excess (deficiency) of revenue over expenses			50,995	-	50,995	(1,140,872)
Current year contributions		20,729			20,729	40,000
Year end settlements - prior years'				920,072	920,072	-
Amortization	(76,163)			76,163	-	-
Transfer to MHRC			(45,502)		(45,502)	(31,563)
Balance, end of yea	1249892	60729	25223	-1545309	-209465	-1155759

MARQUETTE REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2001

	2001	2000
REVENUE		
Manitoba Health operating	44,813,767	39,164,231
Other government departments	323,422	213,717
Non-insured	5,296,460	5,093,530
Other	1,198,986	1,340,836
Amortization of deferred contributions	1,960,670	1,879,215
Ancillary operations	582,896	557,974
	54,176,201	48,249,503
EXPENSES		
Acute care services	15,789,964	14,914,199
Long-term care services	18,026,080	16,266,028
Medical remuneration	4,551,130	4,263,276
Diagnostic services	2,489,856	2,042,699
Community therapy services	360,511	346,835
Home care	4,091,464	3,803,480
Community based health services	2,790,153	2,406,219
Land ambulance services	1,113,774	1,015,271
RHA administration	1,859,879	1,573,941
Amortization of capital assets	1,864,538	1,847,506
Interest on long-term debt	655,956	370,090
Ancillary operations	531,901	540,831
	54,125,206	49,390,375
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	50,995	(1,140,872)
ALLOCATED		
Externally restricted	50,995	17,143
Unrestricted	-	(1,158,015)
	50,995	(1,140,872)

MARQUETTE REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2001

	2001	2000
CASH PROVIDED BY (used for the following activities):		
OPERATING		
Excess (deficiency) of revenue over expenses	50,995	(1,140872)
Amortization of capital assets	1,932,229	1,912,359
Amortization of deferred contributions	(1,960,670)	(1,879,215)
Net change in non-cash working capital (Note 6)	(683,681)	(317,819)
	(661,127)	(1,425,547)
INVESTING		
Purchase of capital assets	(6,678,481)	(8,170,175)
Increase (decrease) in deferred contributions	-2,840,541	7,667,449
Increase in net assets	895,299	11,278
	(8,623,723)	(491,448)
FINANCING		
Advances on long-term debt	11,142,545	136,545
Repayment of long-term debt	(1,405,537)	(557,346)
	9,737,008	(420,800)
INCREASE (DECREASE) IN CASH RESOURCES	452,158	(2,337,796)
CASH RESOURCES, BEGINNING OF YEAR	376,353	2,714,149
CASH RESOURCES, END OF YEAR	828,511	376,353

MARQUETTE REGIONAL HEALTH AUTHORITY
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2001

1. PURPOSE OF THE ORGANIZATION

The Health Authority is responsible for the planning, coordinating and providing of health services within the geographic area known as the Marquette Region of Manitoba.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles, and include the following significant accounting policies:

REVENUE RECOGNITION

The Health Authority follows the deferral method of accounting for contributions including government grants and donations.

The Health Authority is funded primarily through grants from Manitoba Health. Operating grants are recorded as revenue in the period to which they relate. In accordance with funding arrangements with Manitoba Health, estimated final settlements are accrued in the fiscal period to which they relate. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Where a grant or other restricted contribution is received but relates to expenses of one or more future periods, it is deferred and recognized as revenue in the same period as the related expenses are recognized. Contributions restricted for the purchase of capital assets or to repay a mortgage as a lump sum are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

MEASUREMENT UNCERTAINTY

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period.

Amortization of capital assets is provided based on the Health Authority's estimate of useful lives of those assets.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are reported in earnings in the periods in which they become known.

CAPITAL ASSETS

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2% to 10%
Buildings	2% to 5%
Automotive and other equipment	10% to 20%

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

INVENTORY

Inventory consists of general stores, pharmacy, linen and other. All inventories are valued at cost on the first-in, first-out basis.

INVESTMENTS

Investments are recorded at the lower of cost or net realizable value.

EXTERNALLY RESTRICTED ASSETS

The externally restricted net assets are to be held and used for elderly persons housing. These externally restricted amounts are not available for other purposes.

DEFERRED VACATION AND SEVERANCE EXPENSES

Certain accrued employee benefit costs, including vacation pay and pre-retirement leave are recorded in accordance with the policy determined by Manitoba Health. This policy is to disclose the amount of both the accrued liability of these costs and the related amount receivable from Manitoba Health separately in the statement of financial position. Neither the change of the accrued liability or the related receivable is recorded in the statement of operations.

CONSOLIDATED ENTITIES

The following entities have been consolidated into these financial statements as at March 31, 2001 and March 31, 2000 respectively.

Hamiota District Health Centre Inc. Lilac Residence (East Wing)
Hamiota District Health Centre Inc. Lilac Residence (North Wing)
Morley House of Shoal Lake Elderly Persons Housing
Morley House of Shoal Lake Lakeshore Lodge
Pioneer Lodge Inc.
Riverdale Personal Care Home Inc. Westwood Lodge

The financial statements of the above entities are prepared in accordance with the accounting principles followed by the Marquette Regional Health Authority.

MARQUETTE REGIONAL HEALTH AUTHORITY
NOTES TO FINANCIAL STATEMENT
FOR THE YEAR ENDED MARCH 31, 2001

3. CAPITAL ASSETS

	2001			2000
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	261,580	-	261,580	261,580
Land improvements	745,159	416,996	328,163	349,964
Buildings	30,301,341	11,350,391	18,950,950	18,461,740
Automotive and other equipment	9,057,301	5,461,150	3,596,151	3,860,314
Fully amortized assets	11,285,762	11,285,762	-	-
Construction in progress	12,716,745	-	12,716,745	8,106,047
Elderly persons housing land improvements, buildings and equipment	30,42,136	10,39,458	2,002,678	2,070,369
	67,410,024	29,553,757	37,856,267	33,110,014

4. LONG - TERM DEBT

Title of Issue	Interest Rate	Repayment Terms	2001	2000
Birtle Health Services District				
Canada Mortgage & Housing Corporation - Mortgage	9.625%	$2,571 per month including interest	325,028	327,252
Carberry Plains District Health Centre				
Canada Mortgage & Housing Corporation - Mortgage	8.00%	$1,730 per month including interest	222,882	225,971
Carberry Plains District Health Foundation	0.00%	$15,000 per year	-	7,500
Hamiota District Health Centre				
Royal Bank - Flex Finance Bankers' Acceptance	Variable	$36,000 per year plus interest	213,000	220,000
Royal Bank - Flex Finance Bankers' Acceptance	Variable	$13,380 per year plus interest	65,000	77,000
Royal Bank - Flex Finance Bankers' Acceptance	Variable	$21,240 per year plus interest	23,000	71,000
Royal Bank - Loan - Renovation	Prime		(23,878)	(20,258)
Canada Mortgage & Housing Corporation - Mortgage	6.25%	$6,515 per month including interest	750,667	779,121

4. LONG - TERM DEBT (Continued)

Title of Issue	Interest Rate	Repayment Terms	2001	2000
Marquette Regional Health Authority				
Royal Bank - Loan - Minnedosa PCH Fire Alarm System Upgrade	Prime	$8,100 per year plus interest	13,778	21,878
Royal Bank - Loan - Minnedosa PCH Roof Repair	Prime	$8,640 per year plus interest	15,535	24,175
Royal Bank - Specialized Equipment Loan 1999/2000	Variable		157,006	195,946
Royal Bank - Specialized Equipment Loan 2000/2001	Variable		163,931	-
Bank Loan - Carberry Hospital	Variable		(148,335)	(14,327)
Bank of Montreal - Carberry Hospital Flex Financing	Variable		6,000,000	-
Bank Loan - Shoal Lake Hospital	Variable		(221,515)	(20,094)
Bank of Montreal - Shoal Lake Hospital Flex Financing	Variable		4,500,000	-
Minnedosa Health District				
Canada Mortgage & Housing Corporation - Mortgage	8.00%	$3,109 per month including interest	404,707	409,942
Neepawa District Memorial Hospital				
Royal Bank - Flex Finance Bankers' Acceptance	Variable	$9,000 per month plus interest	477,000	576,000
Royal Bank - Loan - Renovation	Prime		(622)	(8,378)
Neepawa and District Elderly and Infirm Persons Housing Corporation Inc.				
Canada Mortgage & Housing Corporation - Mortgage	5.75%	$1,876 per month including interest	239,283	247,936
Royal Bank - Flex Finance Bankers' Acceptance	Variable	$10,400 per month plus interest	986,000	1,101,000
Royal Bank - Loan - Renovation	Prime		(22,363)	(12,563)

4. LONG - TERM DEBT (Continued)

Title of Issue	Interest Rate	Repayment Terms	2001	2000
Riverdale District Health Centre				
Canada Mortgage & Housing Corporation - Mortgage	5.43%	$3,307 per month including interest	421,159	437,740
Rossburn District Health Centre				
Province of Manitoba - Debenture	13.375%	$40,000 per year plus interest	75,000	115,000
Province of Manitoba - Debenture	13.375%	$16,800 per year plus interest	67,200	84,000
Canada Mortgage & Housing Corporation - Mortgage	6.44%	$5,883 per month including interest	709,098	735,625
Russell District Health Centre				
Canada Mortgage & Housing Corporation - Mortgage	7.25%	$2,083 per month including interest	274,683	279,855
Sandy Lake Medical Nursing Home Inc.				
Canada Mortgage & Housing Corporation - Mortgage	7.875%	$2,303 per month including interest	297,859	302,233
Shoal Lake Strathclair Health Centre				
Province of Manitoba - Debenture	13.375%	$10,800 per year plus interest	26,400	37,200
Canada Mortgage & Housing Corporation - Mortgage	7.875%	$2,638 per year including interest	340,329	345,403
Pioneer Lodge Inc.				
Canada Mortgage & Housing Corporation - Mortgage	6.00%	$986 per month including interest	126,555	130,751

4. LONG - TERM DEBT (Continued)

Title of Issue	Interest Rate	Repayment Terms	2001	2000
Hamiota District Health Centre Inc. - Lilac Residence (East Wing)				
Royal Bank of Canada Mortgage	Prime	$3,252 per month including interest	374,678	388,878
Hamiota District Health Centre Inc. - Lilac Residence (North Wing)				
Manitoba Housing & Renewal Corporation - mortgage	7.75%	$5,478 per month including interest	708,581	719,786
Morley House of Shoal Lake - Lakeshore Lodge				
Co-operative Trust Mortgage	7.27%	$2,934 per month including interest	325,302	33,676
Co-operative Trust Mortgage	7.27%	$165 per month including interest	18,344	18,990
Morley House of Shoal Lake EPH				
Canada Mortgage & Housing Corporation - Mortgage	5.375%	$396 per month including interest	49,168	51,241
Riverdale Personal Care Home Inc. - Westwood Lodge				
Manitoba Housing & Renewal Corporation - Mortgage	10.75%	$6,478 per month including interest	657,283	665,408
			18,611,743	8,874,734
Less: Current Portion			1,140,507	552,553
			17,471,236	8,322,181

Estimated principal payments in the next five years:

2002	1,140,507
2003	1,142,853
2004	1,010,84
2005	1,100,682
2006	943,459

5. DEFERRED CONTRIBUTIONS

EXPENSES OF FUTURE PERIODS

Deferred contributions related to expenses of future periods represent unspent externally restricted grants for equipment, major repairs, construction and other expenses.

	2001	2000
Balance, beginning of year	2,745,867	3,568,786
Current year contributions	1,846,086	1,401,595
Amount recognized as revenue	(168,772)	96,435
Capital assets purchased	(684,127)	(1,477,110)
Capital loan payments	(786,584)	(495,687)
Adjustments	82,831	2,688
Transfers	(7,500)	(32)
Transfers to others	-	(157,938)
Balance, end of year	3,027,801	2,745,867

CAPITAL ASSETS

Deferred contributions related to capital assets represent the unamortized amount of funds received for the purchase of capital assets and the lump sum repayment of capital debt. The amortization of capital contributions is recorded as revenue in the statement of operations.

	2001	2000
Balance, beginning of year	23,354,884	16,743,731
Adjustments	(12,403)	-
Capital loan payments	1,401,341	489,558
Capital assets purchased	6,423,515	7,921,443
Capital loan advanced	(11,111,200)	
Transfers	7,500	(17,067)
Amount amortized to revenue	(1,791,898)	(1,782,781)
Balance, end of year	18,271,739	23,354,884
Total Deferred Contributions	21,299,540	26,100,751

6. NET CHANGE IN NON-CASH WORKING CAPITAL

	2001	2000
Decrease (increase) in accounts receivable	(804,873)	(1,468,925)
Decrease (increase) in inventory	(4,690)	(26,221)
Decrease (increase) in prepaid expenses	(16,663)	89,596
Decrease (increase) in deferred expenses	(37,301)	(2,93,004)
Increase (decrease) in accounts payable	142,545	1,087,731
Increase (decrease) in vacation payable	37,301	293,004
	(683,681)	(317,819)

7. FINANCIAL INSTRUMENTS

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Board is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Board's receivables are from Manitoba Health and other agencies. Therefore, the credit risk is felt to be minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value.
  - cash and short term investments
  - accounts receivable
  - accounts payable
  - accrued vacation and severance payable
  - long-term debt

- For investments, the fair value is considered to approximate the recorded cost values.

8. COMPARATIVE FIGURES

Certain of the comparative figures have been restated to conform to the current year's presentation.